

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO. **10/510481** FILING DATE
APPLICANT(S)

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1						51						
2		1						52						
3		1						53						
4			2					54						
5		1						55						
6			3					56						
7			3					57						
8			3					58						
9			4					59						
10			4					60						
11								61						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	18							TOTAL DEP.						
TOTAL CLAIMS	23							TOTAL CLAIMS						